

**THIS FORM IS FOR PEOPLE WHO HAVE A COMPLAINT ABOUT **WDEA Works** SERVICES**

We want to make sure our services work for you. We will listen to feedback and complaints and we are committed to learning from individual experiences to improve the service we provide.

We would like to know if you believe:

- You were given unsatisfactory service
- Did not receive enough information or choice
- Denied respect, dignity or privacy

**WDEA Works** will only collect, use and disclose your personal information as per law requirements. Reference to our Privacy Policy (available [www.wdeaworks.org.au](http://www.wdeaworks.org.au) or by request)

**If you have any questions about this form or need help to put your complaint in writing please contact your local site or call Head Office on (03) 5561 2579**

<p><b>I am the person making the complaint</b></p>	<input type="checkbox"/>	<p><b>Please complete section 1 and 3 below</b></p>
<p><b>I am making a Complaint on a person's behalf</b></p>	<input type="checkbox"/>	<p><b>Please complete Section 1 ,2 and 3 below</b></p>

<b>Section 1:</b>			
<b>Please complete the following details</b>			
First Name			
Last Name			
Address			Post Code
Contact phone number			
Email (if any)			
Please tell us if you need any help with communicating to us <i>eg. interpreter</i>			
I wish to be identified as a person of Aboriginal and or Torres Strait Island descent	<b>Yes</b>		<b>No</b>
	<input type="checkbox"/>		<input type="checkbox"/>
<b>PLEASE SIGN and Date</b>	<b>NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>

<b>Section 2:</b>			
<b>Are you making the complaint on behalf of someone else?</b>			
<b>NO</b>	<input type="checkbox"/>	<b>YES</b>	<input type="checkbox"/>
		If yes, please complete <b>all</b> of the following information	
First Name			
Last Name			
Address			Post Code
Contact phone number			
Email (if any)			
Please tell us if you need any help with communicating to us <i>eg. interpreter</i>			
I wish to be identified as a person of Aboriginal and or Torres Strait Island descent	<b>Yes</b>		<b>No</b>
	<input type="checkbox"/>		<input type="checkbox"/>
Your relationship to the person receiving the Service <i>eg: parent, advocate, guardian, carer etc.</i>			
Does the person above know you are making a complaint on their behalf	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
If No, please provide reasons why			
Do you agree that we can talk about this complaint with the person who received the service	<b>YES</b>	<input type="checkbox"/>	<b>NO</b>
If no, please provide reasons why			
<b>Please sign and date</b>	<b>NAME</b>	<b>SIGNATURE</b>	<b>DATE</b>

Section 3								
Details of the WDEA Works Services that the complaint is about?								
<b>EMPLOYMENT</b>	<input type="checkbox"/>	<b>jobactive</b> program	<input type="checkbox"/>	<b>DES</b> program	<input type="checkbox"/>			
<b>ENTERPRISES</b>	<input type="checkbox"/>	<b>Related Business</b>	CLEAR CUT	<input type="checkbox"/>	NIGRETTA	<input type="checkbox"/>	Artlink	<input type="checkbox"/>
			STEAM & CLEAN	<input type="checkbox"/>	E-WASTE	<input type="checkbox"/>		
<b>TRAINING - RTO</b>	<input type="checkbox"/>	<b>Related Training</b>	FIRST AID	<input type="checkbox"/>	Early Childhood, Education and Care		<input type="checkbox"/>	
<b>CORPORATE</b>	<input type="checkbox"/>	<b>OTHER</b>	<input type="checkbox"/>	Details:				
Received via National Customer Services			<input type="checkbox"/>	Date Received				

I have attempted to resolve this issue and have spoken with the following person at WDEA Works	
NAME	
TITLE	
SITE	
Date discussion took place	

**PLEASE COMPLETE THE FOLLOWING**

**Please tell us what your main concerns are, including what events led to making the complaint, approximate dates and who was involved.**

*If you need more room please write on back or attach extra pages thankyou*

Initial : Person making complaint	
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**WHAT WOULD YOU LIKE TO HAPPEN ?  
(please outline the things you want to happen to resolve your complaint)**

Initial : Person making complaint	
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**OFFICE USE**

date received		Date updated on register		Identification Number:	
Copy sent to related Manager/Director					

**Or you may choose to register the complaint with the assistance of an advocate or outside agency.**

<b>Fair Work Australia</b>	Phone: 1300 799 675 <a href="http://www.fwa.gov.au">http://www.fwa.gov.au</a>
<b>Australian Human Rights Commission</b>	Complaints Info line: 1300 369 711 <a href="http://www.hreoc.gov.au/complaints_information/complainants.html">http://www.hreoc.gov.au/complaints_information/complainants.html</a>
<b>Victorian Equal Opportunity and Human Rights Commission</b>	Phone: 1300 891 858 <a href="http://www.humanrightscommission.vic.gov.au/">http://www.humanrightscommission.vic.gov.au/</a>
<b>South West Advocacy Association Inc.</b>	Phone: 5561 4584 <a href="http://www.southwestadvocacy.org.au/swaa/index.php">http://www.southwestadvocacy.org.au/swaa/index.php</a>
<b>Disability Resource Centre</b>	Phone: 9481 6646 <a href="http://www.drc.org.au">http://www.drc.org.au</a>
<b>Department of Human Services</b>	General Complaints Line: 1300 884 706 <a href="http://www.dhs.vic.gov.au/for-individuals/your-rights/feedback-and-complaints">http://www.dhs.vic.gov.au/for-individuals/your-rights/feedback-and-complaints</a>
<b>Disability Services Commissioner</b>	Phone: 1800 677 342 <a href="http://www.odsc.vic.gov.au/complaint.htm">http://www.odsc.vic.gov.au/complaint.htm</a>
<b>Villamanta Disability Rights Legal Service</b>	Phone: 1800 014 111 <a href="http://www.villamanta.org.au/">http://www.villamanta.org.au/</a>
<b>Department of Families, Housing, Community Services and Indigenous Affairs (FaHCSIA)</b>	Phone: 1800 634 035 <a href="http://fahcsia.gov.au/contactfahcsia/Pages/ComplaintsManagementSystem.aspx">http://fahcsia.gov.au/contactfahcsia/Pages/ComplaintsManagementSystem.aspx</a>